

Statement of Organization
Recipient Committee

Type or print in ink

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JUN 15 2005

City Clerk
City of Lodi

Statement Type ☐ Initial

☒ Amendment

☒ Termination - See Part 5

List I.D. number:

List I.D. number:

1267189

Date qualified as committee
(if applicable)

05/31/2005

Date of Termination

Date Stamp

RECEIVED

2005 JUN -

CITY CLERK
CITY OF LODI

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM

410

For Official Use Only

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

JUN 08 2005

BRUCE McPHERSON
Secretary of State

1. Committee Information

NAME OF COMMITTEE

Lodi Balanced Business Coalition, No on Measure R, Sponsored by the
Lodi Chamber of Commerce

STREET ADDRESS (NO P.O. BOX)
35 South School Street

CITY STATE ZIP CODE AREA CODE/PHONE

Lodi, CA 95240

209/367-7840

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

209/369-9344

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

San Joaquin

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Vona L. Copp

STREET ADDRESS

8958 Ivanpah Court

CITY STATE ZIP CODE AREA CODE/PHONE

Elk Grove, CA 95624

916/686-1815

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 05/31/2005 DATE

By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ DATE

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ DATE

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ DATE

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Lodi Balanced Business Coalition, No on Measure R, Sponsored by the Lodi Chamber of Commerce

I.D. NUMBER

1267189

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION		AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS		CITY	STATE	ZIP CODE

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
Large-scale retail initiative - Measure R	City of Lodi	SUPPORT	OPPOSE
			X
		SUPPORT	OPPOSE

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COMMITTEE NAME

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I.D. NUMBER

1267189

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Lodi District Chamber of Commerce

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Chamber of Commerce

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

35 South School Street

Lodi CA, 95240

Small Contributor Committee



Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.